



Department of Veterans Affairs

APPLICATION FOR MEDICAL BENEFITS

1. APPLICANT'S NAME (Last, first, middle initial)		2. SOCIAL SECURITY NUMBER		3. DATE OF BIRTH	
4A. APPLICANT'S MAILING STREET ADDRESS					
4B. CITY		4C. COUNTY		4D. ZIP CODE	
4E. STATE					
5. PATIENT'S SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		6. HOME TELEPHONE NUMBER ()		7. WORK TELEPHONE NUMBER ()	
8A. EMERGENCY CONTACT		8B. RELATIONSHIP		8C. HOME TELEPHONE NUMBER	
				8D. WORK TELEPHONE NUMBER	
8E. MAILING ADDRESS OF EMERGENCY CONTACT				9. IS EMERGENCY CONTACT ALSO NEXT OF KIN <input type="checkbox"/> YES <input type="checkbox"/> NO	
10. BENEFIT APPLYING FOR: <input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> NURSING HOME <input type="checkbox"/> DOMICILIARY					
11. APPLICANT STATUS: <input type="checkbox"/> SERVICE CONNECTED <input type="checkbox"/> PRISONER OF WAR <input type="checkbox"/> AID & ATTENDANCE <input type="checkbox"/> WWI <input type="checkbox"/> MILITARY DISABILITY RETIRED <input type="checkbox"/> NON-SERVICE CONNECTED <input type="checkbox"/> VA PENSION <input type="checkbox"/> SHARING <input type="checkbox"/> OTHER					
12. EXPOSURE TO: <input type="checkbox"/> AGENT ORANGE <input type="checkbox"/> RADIATION <input type="checkbox"/> ENVIRONMENTAL CONTAMINANTS (PG) <input type="checkbox"/> NONE					
13. MEDICAL CARE RELATED TO: <input type="checkbox"/> ON-THE-JOB-INJURY <input type="checkbox"/> ACCIDENT <input type="checkbox"/> NOT APPLICABLE					
14A. DO YOU HAVE HEALTH COVERAGE <input type="checkbox"/> YES <input type="checkbox"/> NO		14B. NAME OF HEALTH INSURANCE CARRIER			
15. BRANCH OF SERVICE		16. LATEST SERVICE NUMBER		17. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW(ER) <input type="checkbox"/> SINGLE	
18A. SPOUSE'S NAME				18B. SPOUSE'S SOCIAL SECURITY NUMBER	
18C. YEAR OF MARRIAGE		18D. NUMBER OF DEPENDENTS		19. LAST YEAR'S ESTIMATED "HOUSEHOLD" TAXABLE INCOME	

CONSENT TO RELEASE INFORMATION: I hereby authorize the Department of Veterans Affairs to disclose any such history, diagnostic and treatment information from my medical records (including information relating to the diagnosis, treatment or other therapy for the conditions of drug abuse, alcoholism or alcohol abuse, sickle cell anemia, or testing for or infection with the human immunodeficiency virus) to the carrier or contractor of any health plan contract under which I am apparently entitled to medical care or payment of the expense of care that is identified above, as considered necessary by VA representatives for the discharge of the legal or contractual obligations of the insurer or other party against whom liability is asserted. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken in reliance on it. Without my express revocation, this consent will automatically expire when all action arising from VA's claim for reimbursement for my medical care has been completed.

CO-PAYMENT NOTICE: If your household income exceeds the established threshold, you will be considered "Discretionary". Such veterans must pay a co-payment not to exceed the Medicare deductible, plus a per diem for hospital and nursing care. By signing this application, you are agreeing to pay the VA the applicable co-payment if you are determined to be a "discretionary" veteran.

SIGNATURE OF APPLICANT

DATE

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection, including suggestions for reducing this burden to VA Clearance Officer (045A4), 810 Vermont Avenue, NW, Washington, DC 20420.

PRIVACY ACT NOTICE: The information requested on this form is solicited under authority of Title 38, U.S.C., Sections 710, 1712 and 1722. It is being collected to enable us to determine your eligibility for medical benefits, identify your medical records, and provide basic data for your treatment. Additional information, such as medical history, may be solicited during the course of your medical evaluation or treatment. The income and eligibility information you supply may be verified through a computer matching program at any time and information may be disclosed outside VA as permitted by law; possible disclosures include those described in the "routine uses" identified in the VA system of records 24VA136, Patient Medical Records-VA, published in the Federal Register in accordance with the Privacy Act of 1974. These "routine uses" include disclosures: in response to court subpoenas; to epidemiological and other research facilities for research purposes; in connection with collections of amounts owed to the United States; to the Department of Justice for use in litigation; to other Federal agencies in connection with their employment determinations, investigations, or issuance of licenses or benefits; to report apparent law violations to other Federal, State or local agencies charged with law enforcement responsibilities; in response to an official request from a criminal or civil law enforcement governmental agency charged with the protection of public health or safety; to the Internal Revenue Service to verify unearned income, collect amounts owed VA, and to report as income debts that are waived, compromised or otherwise forgiven; to the Social Security Administration to verify earned income and employment data; to notify State licensing boards and Federal agencies of the health care practices of health care providers; to non-VA health care providers; to non-VA health care providers of facilities when the patient is referred for medical care at VA expense; to private sector organizations for the purpose of obtaining accreditation or approval rating for the health care facility; to non-VA nursing homes for preadmission screening; or, to contractors to perform the services covered by the contract. Disclosure is voluntary, however, failure to furnish the information will result in our inability to process your request and serve your medical needs. Failure to furnish the information will have no adverse effect on any other benefits to which you may be entitled. Disclosure of the Social Security number(s) of those for whom benefits are claimed is requested under the authority of Title 38, U.S.C., and is voluntary. Social Security numbers will be used in the administration of veteran's benefits, in the identification of veterans or persons claiming or receiving VA benefits and their records and may be used for other purposes where authorized by both Title 38, U.S.C., and the Privacy Act of 1974 (5 U.S.C. 552a) or where required by another statute.